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## APPLICANTS

David F. Kari, Bensenville, IL;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/921,091 08/02/2001 PAT 6,685,025

*Chel*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 01/23/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 17	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: _____				

## ADDRESS

00279  
TREXLER, BUSHNELL, GIANGIORGI,  
BLACKSTONE & MARR, LTD.  
105 WEST ADAMS STREET  
SUITE 3600  
CHICAGO , IL  
60603

## TITLE

Cartridge insert which fits into a box

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